

OCT 21 2005

FAX TRANSMISSION**DATE:** October 21, 2005**PTO IDENTIFIER:** Application Number 10/723942-Conf. #9424
Patent Number**Inventor:** Hibiki SAEKI et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Anthony A. Laurentano

PHONE: (617) 227-7400**Attorney Dkt. #:** SIW-074**PAGES (Including Cover Sheet):** 17**CONTENTS:**

Fee Transmittal (1 page in duplicate)
Amendment (9 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)
Amendment Transmittal (1 page in duplicate)
Charge \$120.00 to deposit account 12-0080
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

RECEIVED
OIPE/IAP

OCT 24 2005

RECEIVED
CENTRAL FAX CENTER

OCT 21 2005

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

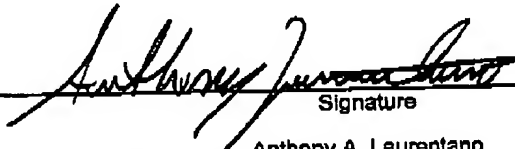
Application No. (if known): 10/723942

Attorney Docket No.: SIW-074

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on October 21, 2005
Date



Signature

Anthony A. Laurentano
Typed or printed name of person signing Certificate

38,220
Registration Number, if applicable

(617) 227-7400
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal (1 page in duplicate)
Amendment (9 pages)
One Month Request for Extension of Time Under 37 CFR 1.138(a) (1 page in duplicate)
Amendment Transmittal (1 page in duplicate)
Charge \$120.00 to deposit account 12-0080

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. #818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/723842-Conf. #9424
		Filing Date	November 26, 2003
		First Named Inventor	Hibiki SAEKI
		Examiner Name	C. H. Nguyen
		Art Unit	3661
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No.	SIW-074

RECEIVED
 CENTRAL FAX CENTER
 OCT 21 2005

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity Fee (\$) Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							50 25
Each claim over 20 (including Reissues)							200 100
Each independent claim over 3 (including Reissues)							360 180
Multiple dependent claims							
Total Claims Extra Claims Fee (\$) Fee Paid (\$)		Multiple Dependent Claims Fee (\$) Fee Paid (\$)					
3 - 20 = x =							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
2 - 3 = x =							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = / 50 (round up to a whole number) x =							
				Fees Paid (\$)			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							120.00
Other (e.g., late filing surcharge): 1251 Extension for response within first month							

SUBMITTED BY		Registration No. 38,220	Telephone (817) 227-7400
Signature <i>Anthony A. Laurantano</i>	(Attorney/Agent)		
Name (Print/Type) Anthony A. Laurantano		Date	October 21, 2005

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 21, 2005

Signature: *Anthony A. Laurantano*

(Anthony A. Laurantano)

AMENDMENT TRANSMITTAL LETTER				Docket No. SIW-074	
Application No. 10/723942-Conf. #9424		Filing Date November 26, 2003		Examiner C. H. Nguyen	
Applicant(s): Hibiki SAEKI et al.					
Invention: CONTROL APPARATUS FOR FUEL CELL VEHICLE					
TO THE COMMISSIONER FOR PATENTS				RECEIVED CENTRAL FAX CENTER OCT 21 2005	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	3	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u><i>Anthony A. Laurentano</i></u> Anthony A. Laurentano Attorney Reg. No.: 38,220 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>October 21, 2005</u>	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: October 21, 2005 Signature: <u><i>Anthony A. Laurentano</i></u> (Anthony A. Laurentano)					

COPY

AMENDMENT TRANSMITTAL LETTER			Docket No. SIW-074	
Application No. 10/723942-Conf. #9424	Filing Date November 28, 2003	Examiner C. H. Nguyen	Art Unit 3661	
Applicant(s): Hibiki SAEKI et al.				
Invention: CONTROL APPARATUS FOR FUEL CELL VEHICLE				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	3	- 20 =		x
Independent Claims	2	- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within first month				120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
_____ Anthony A. Laurentano Attorney Reg. No.: 38,220 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400			Dated: <u>October 21, 2005</u>	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: October 21, 2005 Signature: _____ (Anthony A. Laurentano)				